In-Line ATS Bag (2550)

Atrium’s 2550 in-line ATS bag is a compact postoperative ATS collection device for use with Atrium chest drains equipped with in-line patient tube connectors. Atrium’s locking “auto-connect” in-line tubing connectors provide rapid conversion from collection mode to reinfusion mode in seconds.

Step 1: Placement Onto Chest Drain Or Bed Rail
Atrium’s advanced hanger design provides quick and easy positioning directly onto the front face of the chest drain or adjacent bed rail as shown. For added security during patient transit, the hanger can be placed over the chest drain handle. Firmly close both ATS bag clamps prior to connector cap removal.

Step 2: To Connect In-Line ATS Bag To Chest Drain
To begin, move the open patient tube clamp next to the in-line connector for convenient system set up and easy visual check. Close the patient tube slide clamp firmly and separate by depressing connector lock.

Once separated, remove cap from female ATS bag connector and insert male patient tube connector. Remove second ATS bag cap and insert male ATS bag connector into female chest drain connector. In-line ATS bag is now connected to chest drain and patient.

Step 3: Open Clamps To Begin Blood Collection
Open both in-line ATS bag clamps prior to opening patient tube clamp to bring ATS bag pressure to proper vacuum level. Open the patient tube clamp after both ATS bag clamps have been opened. All clamps must remain fully open at all times when ATS bag is connected to patient. Patient tube and ATS bag should be free of dependent loops to ensure maximum drainage efficiency. Do not leave patient tube slide clamp closed after in-line ATS bag attachment to patient.
ATS Bag Reinfusion Set Up And Priming

A microemboli blood filter and I.V. blood set are required for unwashed blood reinfusion. **Caution: A new microemboli blood filter must be used for each new ATS bag.** Priming of the blood filter and I.V. set is accomplished by the following steps:

1. Prime I.V. blood administration set and microemboli blood filter with sterile saline.
2. After chest drain disconnection, invert in-line ATS bag with spike port pointing upward and remove tethered cap using sterile technique. Insert saline filter spike into ATS bag spike port using a firm twisting motion. Return ATS bag to upright position and place on standard height I.V. pole.
3. Open filtered air vent located on top of ATS bag first, then open the I.V. clamp to complete priming. All remaining air within the I.V. circuit must be evacuated prior to patient connection. Close I.V. clamp when fully primed. I.V. is now ready for patient connection. **Caution: Failure to purge all air from the entire I.V. circuit prior to patient connection can result in air emboli.**

ATS Bag Reinfusion

Follow all hospital protocols for administering autologous whole blood reinfusion for both gravity drip or pressure infuser application:

1. Attach distal end of fully primed I.V. set to patient and open I.V. line clamp to begin patient infusion.
2. For non-pressure infusion, open filtered air vent for maximum flow rate.
3. For pressure infuser application, filtered air vent must remain closed. Maximum in-line bag infuser pressure is 150mmHg. **Caution: Do not reinfuse entire blood contents completely through blood filter and I.V. set, as air emboli can result.**

**Caution:** Anticoagulant therapy and dosage recommendations are the discretion of a physician and should be monitored carefully during and after patient reinfusion.

Have a question or need help in a hurry?
Call Atrium toll free at 1-800-528-7486.
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